

**Sewer Allocation One Year Extension Request**

**Fairfax Utility Department  
12 Buck Hollow Road  
Fairfax, VT 05454  
802-849-6111 Ext. 15**

**Applicant Information**

Date: \_\_\_\_\_ Phone Number \_\_\_\_\_  
Applicant: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address \_\_\_\_\_  
Detailed Project Location/911 Address if Available \_\_\_\_\_  
\_\_\_\_\_

Reason Requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Owner/Applicant \_\_\_\_\_ Date \_\_\_\_\_

<b>Municipal Use Only</b>	
Date Received:	
Employee Signature:	Print Name:
Applicant Identity Verified:	